

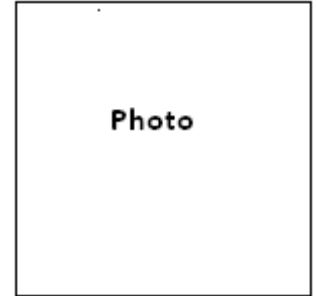


Siva Sakthi Vidyalaya

Podiyanoor, Avudayanoor (Post), Tirunelveli (Dist), Pin: 627808

STUDENT'S ADMISSION FORM

1. NAME:
2. CLASS:
3. GENDER:
4. DATE OF BIRTH:
5. RELIGION:
6. CASTE:
7. COMMUNITY:
8. FATHER'S NAME:
9. FATHER'S OCCUPATION:
10. MOTHER'S NAME:
11. MOTHER'S OCCUPATION:
12. MOBILE/PHONE NUMBER:
13. ADDRESS:
.....



Declaration:

I (Father/Guardians Name).....

Harmonize that the above particulars given by me are true. I promise that I & ward agree to abide by the rules, regulations and policies of the school.

Parent's/Guardian's Signature

Date.....

Place.....